

PRINTED: 12/01/2009
FORM APPROVED

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS649HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/18/2009
NAME OF PROVIDER OR SUPPLIER NORTH VISTA HOSPITAL		STREET ADDRESS CITY STATE ZIP CODE 1409 EAST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility on November 18, 2009 in accordance with Nevada Administrative Code, Chapter 449, Hospitals. Complaint #NV00023005 was substantiated with a deficiency cited (See Tag #88). A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following deficiency was identified:	S 000	Complaint #NV00023005 Tag S088 <u>A.) Corrective action for affected patient</u> Patient #1 was discharged from room #3015 on 9/1/2009; therefore the deficiency identified for patient #1 could not be rectified at that time. All bathroom fixtures in room #3015 have been replaced on the date of the survey. The ball valve on the toilet was replaced on the day of survey. The shower drain was cleared on the day of survey. The shower stall was sanitized by an outside vendor, which included detail cleaning of the shower area.	11/18/09
S 088 SS=E	NAC 449.316 Physical Environment 1. The buildings of a hospital must be solidly constructed with adequate space and safeguards for each patient. The condition of the physical plant and the overall hospital environment must be developed and maintained in a manner so that the safety and well-being of patients are ensured.	S 088	<u>B.) Identification of others potentially affected by deficient practice</u> The Engineering Department will assess the bathroom fixtures for all rooms on Tower 3 to assess which fixtures need repaired. The Environmental Services Supervisor contracted an outside vendor to detail clean the shower rooms and all of the patient bathrooms on Tower 3. The detail clean will include the front of the shower lip, the base of the toilets, vents, and the floors being stripped and waxed.	12/31/09

deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

HOSPITAL/CLIA DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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If continuation sheet 1 of 2

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NAME OF PROVIDER OR SUPPLIER NORTH VISTA HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1409 EAST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030		
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S 088	Continued From page 1 This Regulation is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain bathroom fixtures, a toilet, and a shower stall in an acceptable manner to ensure the safety and well-being of 1 of 2 patient rooms (Room #3015). Severity: 2 Scope: 2	S 088	Complaint #NV00023005 Tag S088 - Continued <u>C.) Measures put in place to ensure deficient practice does not recur</u> Weekly Environmental Services (EVS) rounds are being conducted with the EVS Supervisor and the department director. The rounds consist of inspecting every patient room for cleanliness and safety issues, and inspecting the public areas and day rooms. Identified issues are then prioritized for correction. Sanitary issues are corrected immediately upon identification. <u>D.) Monitoring of Corrective Actions</u> The weekly Environmental Services rounds will monitor the correction actions to ensure that the deficient practice, related to the clean and sanitary environment are maintained. The Environmental Services Supervisor will meet with the Chief Nursing Officer to review the findings and to advise Administration of the clean and sanitary environment. <u>E.) Individual Responsible</u> Director of Facilities Environmental Services Supervisor	11/18/09 11/18/09

Deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

DATE FORM

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If continuation sheet 2 of 2